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| TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING UNDER 35 U.S.C. 371 | | ATTORNEY'S DOCKET NUMBER 15675P565 |
| INTERNATIONAL APPLICATION NO. PCT/FR2003/001976 | | U.S. APPLICATION NO. (If known, see 37 CFR 1.5) 10/520476 |
| INTERNATIONAL FILING DATE 26 June 2003 | | PRIORITY DATE CLAIMED 07/01/2002 |
| TITLE OF INVENTION device for fixing an object on a vertical rod | | |
| APPLICANT(S) FOR DO/EO/US Claude Moufflet | | |
| Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: | | |
| <p>1. <input checked="" type="checkbox"/> This is a FIRST submission of items concerning a filing under 35 U.S.C. 371.</p> <p>2. <input type="checkbox"/> This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371.</p> <p>3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items(5), (6), (9) and (21) indicated below.</p> <p>4. <input checked="" type="checkbox"/> The US has been elected (Article 31).</p> <p>5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). </p> <p>6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). <ul style="list-style-type: none"> a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4)). </p> <p>7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) <ul style="list-style-type: none"> a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. </p> <p>8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)).</p> <p>9. <input type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)).</p> <p>10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)).</p> | | |
| Items 11 to 20 below concern document(s) or information included: | | |
| <p>11. <input type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98.</p> <p>12. <input type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.</p> <p>13. <input checked="" type="checkbox"/> A preliminary amendment.</p> <p>14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76.</p> <p>15. <input type="checkbox"/> A substitute specification.</p> <p>16. <input type="checkbox"/> A power of attorney and/or change of address letter.</p> <p>17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.</p> <p>18. <input type="checkbox"/> A second copy of the published international application under 35 U.S.C. 154(d)(4)).</p> <p>19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4)).</p> <p>20. <input checked="" type="checkbox"/> Other items or information.</p> | | |
| <p><u>return postcard; priority request; international search report; formal drawings transmittal; 3 drawings sheets w/15 figures</u></p> | | |

| U.S. APPLICATION NO. (if known, see 37 CFR 1.5) 10/520476 | INTERNATIONAL APPLICATION NO. PCT/FR2003/001976 | ATTORNEY'S DOCKET NUMBER 15675P565 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|---|----------|--|--|----------|--|---|----------|--|--------------------------------------|------------------|-------------------|--------------|--------------|---|------|------------|------------|--|------|--------|--------------|--------------|------|--------------|----------|--------|----------|--------------------|---------|---------|---------|---|--|-------|-----------|--------------------------------------|--|--|-------------------|-------------------|------------------|-----------------------------|------------------|------------------------------|------------------|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <p>21. The following fees are submitted:</p> <p>BASIC NATIONAL FEE (37 CFR 1.492 (a) (1)-(5):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: bottom;"><input checked="" type="checkbox"/> a) Basic national fee</td> <td style="width: 10%; text-align: right;">\$300.00</td> <td style="width: 20%;"></td> </tr> <tr> <td><input checked="" type="checkbox"/> b) Examination fee</td> <td style="text-align: right;">\$200.00</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> c) Search fee</td> <td style="text-align: right;">\$500.00</td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td style="text-align: right;">\$1000.00</td> <td style="text-align: right;">\$ 1000.00</td> </tr> </table> <p>Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Total Sheets</th> <th style="width: 25%;">Extra Sheets</th> <th style="width: 50%;">Number of each additional 50 or fraction thereof (round up to a whole number)</th> <th style="width: 10%;">RATE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">22 - 100 =</td> <td style="text-align: center;">-78 / 50 =</td> <td style="text-align: center;"></td> <td style="text-align: center;">x \$</td> </tr> </tbody> </table> <p>Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CLAIMS</th> <th style="width: 25%;">NUMBER FILED</th> <th style="width: 25%;">NUMBER EXTRA</th> <th style="width: 10%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Total claims</td> <td style="text-align: center;">21- 20 =</td> <td style="text-align: center;">1 x 50</td> <td style="text-align: right;">\$ 50.00</td> </tr> <tr> <td>Independent claims</td> <td style="text-align: center;">1 - 3 =</td> <td style="text-align: center;">0 x 200</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>MULTIPLE DEPENDENT CLAIM(S) (if applicable)</td> <td></td> <td style="text-align: center;">+ 360</td> <td style="text-align: right;">\$ 360.00</td> </tr> <tr> <td style="text-align: right;">TOTAL OF ABOVE CALCULATIONS =</td> <td></td> <td></td> <td style="text-align: right;">\$ 1410.00</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: right;">SUBTOTAL =</td> <td style="width: 30%; text-align: right;">\$ 705.00</td> </tr> </table> <p>Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: right;">TOTAL NATIONAL FEE =</td> <td style="width: 30%; text-align: right;">\$ 705.00</td> </tr> </table> <p>Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: right;">TOTAL FEES ENCLOSED =</td> <td style="width: 30%; text-align: right;">\$ 705.00</td> </tr> </table> <p>Amount to be refunded: charged:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; text-align: right; background-color: #cccccc;"><input checked="" type="checkbox"/></td> <td style="width: 30%; text-align: right; background-color: #cccccc;"><input type="checkbox"/></td> </tr> <tr> <td style="width: 70%; text-align: right; background-color: #cccccc;"><input type="checkbox"/></td> <td style="width: 30%; text-align: right; background-color: #cccccc;"><input checked="" type="checkbox"/></td> </tr> </table> | | | <input checked="" type="checkbox"/> a) Basic national fee | \$300.00 | | <input checked="" type="checkbox"/> b) Examination fee | \$200.00 | | <input checked="" type="checkbox"/> c) Search fee | \$500.00 | | TOTAL OF ABOVE CALCULATIONS = | \$1000.00 | \$ 1000.00 | Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | 22 - 100 = | -78 / 50 = | | x \$ | CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | Total claims | 21- 20 = | 1 x 50 | \$ 50.00 | Independent claims | 1 - 3 = | 0 x 200 | \$ 0.00 | MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | + 360 | \$ 360.00 | TOTAL OF ABOVE CALCULATIONS = | | | \$ 1410.00 | SUBTOTAL = | \$ 705.00 | TOTAL NATIONAL FEE = | \$ 705.00 | TOTAL FEES ENCLOSED = | \$ 705.00 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> a) Basic national fee | \$300.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> b) Examination fee | \$200.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> c) Search fee | \$500.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | \$1000.00 | \$ 1000.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof (round up to a whole number) | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 - 100 = | -78 / 50 = | | x \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAIMS | NUMBER FILED | NUMBER EXTRA | RATE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total claims | 21- 20 = | 1 x 50 | \$ 50.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent claims | 1 - 3 = | 0 x 200 | \$ 0.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) | | + 360 | \$ 360.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL OF ABOVE CALCULATIONS = | | | \$ 1410.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL = | \$ 705.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL NATIONAL FEE = | \$ 705.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL FEES ENCLOSED = | \$ 705.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a. <input checked="" type="checkbox"/> A check in the amount of <u>\$ 705.00</u> to cover the above fees is enclosed.</p> <p>b. <input type="checkbox"/> Please charge my Deposit Account No. <u>02-2666</u> in the amount of <u>\$ 705.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>02-2666</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b) must be filed and granted to restore the application to pending status.</p> <p style="text-align: center;">1/3/05</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEND ALL CORRESPONDENCE TO: Blakely, Sokoloff, Taylor & Zafman LLP 12400 Wilshire Boulevard, 7th Floor Los Angeles, CA 90025 Telephone: (310) 207-3800 | | DATE 1/3/05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE  Eric S. Hyman NAME 30,139 REGISTRATION NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

10/520 476

DT15 Rec'd PCT/PTO 03 JAN 2005
Express Mail No.: EV3721844000US
DOCKET NO.: 15675P565

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

CLAUDE MOUFFLET

Application No.:

Art Group:

Filed:

Examiner:

For: device for fixing an object on a vertical rod

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF FORMAL DRAWINGS

Sir:

Enclosed herewith for filing in the above-identified U.S. Patent Application are the formal drawings, 3 sheets including 15 Figures. Please charge any additional fees or credit any overpayment to Deposit Account No. 02-2666. A duplicate copy of the Fee Transmittal is enclosed for this purpose.

Respectfully submitted,
Blakely, Sokoloff, Taylor & Zafman LLP

Dated:

1/3/05

Eric S. Hyman, Reg. No. 30,139

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (310) 207-3800

10/520476

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REQUEST FOR PRIORITY

Sir:

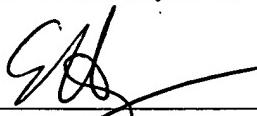
Applicant respectfully requests a convention priority for the above-captioned application, namely:

| COUNTRY | APPLICATION NUMBER | DATE OF FILING |
|---------|--------------------|----------------|
| France | 02/08201 | 1 July 2002 |

A certified copy of the document is being submitted herewith.

Respectfully submitted,

Blakely, Sokoloff, Taylor & Zafman LLP



Eric S. Hyman, Reg. No. 30,139

Dated: 1/30/05

12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (310) 207-3800

10/520 476

DT15 Rec'd PCT/PTO 03 JAN 2005

Our Docket No.: 15675P565
Express Mail No.: EV3721844000US

UTILITY APPLICATION FOR UNITED STATES PATENT

FOR

DEVICE FOR FIXING AN OBJECT ON A VERTICAL ROD

Inventor(s):

Claude Moufflet

Blakely, Sokoloff, Taylor & Zafman LLP
12400 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90025
Telephone: (310) 207-3800